

MANAGED CARE TRADING PARTNER PROFILE

SECTION I — TRADING PARTNER INFORMATION

Name — Organization		Address Line 1 — Organization	
Address Line 2 — Organization		(City, State, Zip Code) — Organization	
Name — Primary Contact		Address Line 1 — Primary Contact	
Address Line 2 — Primary Contact		(City, State, Zip Code) — Primary Contact	
Telephone Number — Primary Contact	Fax — Primary Contact		E-mail Address — Primary Contact
Name — Technical Contact		Address Line 1 — Technical Contact	
Address Line 2 — Technical Contact		(City, State, Zip Code) — Technical Contact	
Telephone Number — Technical Contact	Fax — Technical Contact		E-mail Address — Technical Contact

SECTION II — TRADING PARTNER TRANSACTION SETS

Refer to the Managed Care Trading Partner Profile Completion Instructions for completing this section.

<input type="checkbox"/>	X12 820 Payroll Deducted and Other Group Premium Payment for Insurance Products
<input type="checkbox"/>	X12 834 Benefit Enrollment and Maintenance

SECTION III — INDIVIDUAL COMPLETING FORM

Name — Individual Completing Form		Telephone Number — Individual Completing Form	
Fax Number — Individual Completing Form		E-mail Address — Individual Completing Form	
SIGNATURE — Individual Completing Form			Date Signed

SECTION IV — OFFICE USE ONLY (Do not write below this line)

Date Profile Received	Date Profile Processed	Return Reason	Initials
Trading Partner Identification Number			